

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37192

1. PLACE OF DEATH

County Buchanan.Registration District No. 85

Township

Primary Registration District No. 1001City St. Joseph.(No. St. Joseph's Hospital.)

File No.

Registered No. 1168

Ward

2. FULL NAME Sally Frances Smalley.(a) Residence, No. 3005 Lafayette St. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFClaude Smalley.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1890.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.47028. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 1-9-3711. Total time (years)
spent in this
occupation. Unknown12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Joseph
Missouri.

13. NAME

John Murawski.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown.
Poland.

15. MAIDEN NAME

Frances Wisniewski.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown.
Poland.17. INFORMANT
(ADDRESS)Claude Smalley.
3005 Lafayette St.18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem.PLACE St. Joseph Mo. DATE Oct 25 193719. UNDERTAKER
(ADDRESS)H. O. Sidenfaden & Son.
1802 Union St. St. Joseph Mo.

20. FILED

1928 37
St. Joseph Mo.
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 193722. I HEREBY CERTIFY That I attended deceased from
Oct. 21 1937 to Oct. 22 1937I last saw her alive on Oct. 21, 1937 at 5 P.M. Death is saidto have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo nephritisBilateral hydronephritisAcute stomatitis (Vincent's an-
gina)

Date of onset

NOknown

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify (Signed) L. J. Ferguson, M. D.(Address) 406 Central Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

